

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35217  
STATE FILE NUMBER

FILED NOV 14 1957

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

352

|  |                                    |   |  |
|--|------------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Cole</b>  |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>Missouri</b> b. COUNTY<br><b>Jackson</b>            |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN<br><b>Jefferson City</b>   |                                    | c. CITY<br>OR<br>TOWN<br><b>Kansas City</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION<br><b>Mo. State Prison</b>   |                                    | d. STREET<br>ADDRESS<br><b>5404 E 35th. St.</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Lonnie</b>  |                                    | 4. DATE<br>OF<br>DEATH<br><b>Nov 1 1957</b>   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Colored</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Mar-24-1907</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>  |                                    | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br><b>Construction</b>   |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Clarksville, Miss</b>   |                                    | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Not Known</b>   |                                    | 13b. MOTHER'S MAIDEN NAME<br><b>Not Known</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |                                    | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><b>Mo. State Prison, Jefferson City, Mo</b>   |                                    | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease with Hypertension 1 Yr</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Cardiac Asthma 1 year duration</b> |                                    |   |  |
| INTERVAL BETWEEN ONSET AND DEATH   |                                    |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                    |   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                    | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  |                                    |   |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20f. CITY, TOWN, OR LOCATION   |                                    | COUNTY. STATE   |  |
| 21. I attended the deceased from <b>Oct-26-1956</b> to <b>Nov-1-1957</b> and last saw her alive on <b>Nov-1-1957</b><br>Death occurred at <b>8:15 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                    |   |  |
| 22a. SIGNATURE<br><i>[Signature]</i> (Degree or title)   |                                    | 22b. ADDRESS <b>Jefferson City, Mo</b><br><b>Mo. State Penitentiary</b>   |  |
| 22c. DATE SIGNED<br><b>Nov-2-57</b>  |                                    |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                    | 23b. DATE<br><b>11-5-1957</b>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Blueridge Lawn Cem</b>  |                                    | 23d. LOCATION (City, town, or county). (State)<br><b>Kansas City, Mo</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>Manlove-Williams, Kansas City, Mo</b>   |                                    | 25. DATE RECD. BY LOCAL REG.<br><b>4 Nov 1957</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |                                    |   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 14 1957

MAR 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *George J. Gordon* .....  
Licensed Embalmer No. *1286* .....  
P. O. Address *Jeff City Mo* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.